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Attorney Docket No. 61877-5003-US (21288-002120US)

PTO FAX NO.: 571-273-8300

**TO THE ATTENTION OF: JANET L. COPPINS
(Art Unit 1626)****CERTIFICATION OF FACSIMILE TRANSMISSION**

Dear Examiner Coppins:

Good afternoon. We will be filing a Request for Withdrawal of Attorney and Change of Address form this week for U.S. Patent Application No. 10/690,873. The correspondence address which is listed on the PTO PAIR system currently for this application is not correct. A Power of Attorney form listing our Customer No. 47930 was stamped received by the PTO on February 14, 2005 but the correspondence address was never changed to Morgan, Lewis & Bockius (from Townsend and Townsend and Crew). I point this error out in order to prove that we have Power of Attorney in this case for which we will be withdrawing it.

If you would like to discuss this matter, please do not hesitate to contact me at (415) 442-1749.

Thank you for your help.

Number of pages being transmitted, including this page: 3

Dated: October 17, 2006


Kathryn A. Degliantoni**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE TO KATHRYN A. DEGLIANTONI AT (650) 843-4001**

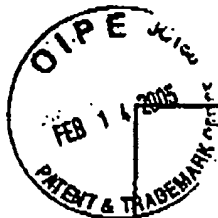
Kathryn A. Degliantoni
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PTO/SB/21 (08-03)

OCT 17 2006



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number		10/690,873
Filing Date		October 21, 2003
First Named Inventor		Wu, Baogen
Art Unit		1614
Examiner Name		Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	
	061877-5003US (021288-002120US)	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (See Remarks) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Return postcard • Copy of Statement under 3.73(b) • Copy of Notice of Recordation Assignment with Assignment
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Morgan, Lewis & Bockius LLP	
	Jeffrey S. Mann	Reg. No. 42,837
Signature		
Date	February 10, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Don Mixon		
Signature		Date	February 10, 2005



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PTO/SB/01 (02-01)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/690,873
	Filing Date	October 21, 2003
	First Named Inventor	Wu, Baogen
	Title	Pyrrolidones With Anti-HIV Activity
	Group Art Unit	1614
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	061877-5003US (021288-002120US)

I hereby appoint:

☒ Practitioners at Customer Number **47930** → Place Customer Number Bar Code Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or Individual Name

Address

City State ZIP

Country

Telephone Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Timothy L. Smith, J.D., Ph.D., Power of Attorney on behalf of IRM LLC
Signature	<i>Timothy L. Smith</i>
Date	1/24/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I-SP/7144377.1